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**MAR 23 2005**

**METHOD AND RELATED APPARATUS FOR DRIVING AN LCD MONITOR**

Appl. No. : 10/064,207 Confirmation No. 2827  
Applicant : Lin-Kai Bu  
Filed : June 21, 2002  
TC/A.U. : 2675  
Examiner : Awad, Amr A  
Docket No. : HMOP0001USA  
Customer No. : 27765

Commissioner for Patents  
P.O. Box 1450  
Alexandria VA 22313-1450

**AMENDMENT**

Sir:

- 5 In response to the Office action of February 22, 2005, please amend the above-identified application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 11 of this paper.

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**North America  
Intellectual Property Corporation**

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Art Unit: 2675**

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**From : Winston Hsu, Registration No. 41,526**

**Serial No.: 10/064,207**

**Attorney Docket No.: HMOP0001USA**

**Subject: Response to the Office Action Mailed on 02/22/2005  
Information Disclosure Statement(IDS)**

**Total Pages: 78 pages (including cover page)**

**Winston Hsu 3/23/2005**

**HMOP0001USA0\_A2,D1\_2**

PTO/SB/97 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Application Number: 10/064,207

(1) Transmittal Form	1 PAGE
(2) Fee Transmittal Form	1 PAGE
(3) Response to the Office action	11 PAGES
(4) Information Disclosure Statement	3 PAGES

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/064,207	
	Filing Date	06/21/2002	
	First Named Inventor	Lin-Kai Bu	
	Art Unit	2675	
	Examiner Name	Awad, Amr A	
Total Number of Pages in This Submission	16	Attorney Docket Number	HMOP0001USA

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**MAR 23 2005**

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	North America Intellectual Property Corporation	
Signature	<i>Winston Hsu</i>	
Printed name	Winston Hsu	
Date	03/23/2005	Reg. No. 41,526

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:	
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PTO/SB/17 (12-04)  
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Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

## FEE TRANSMITTAL For FY 2005

<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	<b>Complete if Known</b> Application Number: 10/064,207 Filing Date: 06/21/2002 First Named Inventor: Lin-Kai Bu Examiner Name: Awad, Amr A Art Unit: 2675 Attorney Docket No.: HMOP0001USA
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) 0.00	

**METHOD OF PAYMENT** (check all that apply)

☐ Check 
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☒ Deposit Account Deposit Account Number: 50-3105 Deposit Account Name: North America Intellectual Property Corp.  
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☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 
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**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

**Total Claims**      **Extra Claims**      **Fee (\$)**      **Fee Paid (\$)**      **Multiple Dependent Claims**  
 - 20 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_      **Fee (\$)**      **Fee Paid (\$)**  
 HP = highest number of total claims paid for, if greater than 20

**Indep. Claims**      **Extra Claims**      **Fee (\$)**      **Fee Paid (\$)**  
 - 3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_  
 HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

**Total Sheets**      **Extra Sheets**      **Number of each additional 50 or fraction thereof**      **Fee (\$)**      **Fee Paid (\$)**  
 \_\_\_\_\_ - 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other: \_\_\_\_\_

<b>SUBMITTED BY</b>			
Signature	<i>Winston Hsu</i>	Registration No. (Attorney/Agent)	41,526
Name (Print/Type)	Winston Hsu	Telephone	302-729-1562
		Date	03/23/2005

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